

**VETERANS QUALITY OF LIFE ACCESS NETWORK INC.**

**APPLICATION FOR MEMBERSHIP**

**ANNUAL MEMBERSHIP- \$35.00**

**LIFETIME MEMBERSHIP-\$250.00**

DATE \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_/\_\_\_/\_\_\_ LAST 4 DIGITS OF SS# \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP \_\_\_ AND/OR DONATION \_\_\_ AMOUNT \_\_\_\_\_

SUBMIT TO:

VETERANS QUALITY OF LIFE ACCESS NETWORK INC.

PARK WEST FINANCE STATION

POST OFFICE BOX 20829

NEW YORK, NEW YORK 10025

CUT ON LINE

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KEEP THIS PART

**YOUR RECEIPT**

**VETERANS QUALITY OF LIFE ACCESS NETWORK INC.**

WE WILL SEND YOU A MEMBERSHIP CARD BY MAIL WITHIN TWO WEEKS.

THANK YOU FOR YOUR MEMBERSHIP AND/OR DONATION

NAME: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ DATE \_\_\_\_\_